Mrs P R & Mr R F Fillingham

Lucy Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Lucy Lodge took place on 28 April 2016 and was unannounced. At the last inspection on 3 July 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Lucy Lodge is a traditional property in a residential area close to the centre of the seaside town of Bridlington. Its situation offers easy access to the local community and public transport, being within walking distance of local shops and facilities. The service supports up to 16 people who may have mental health needs. At the time of the inspection there were 13 people using the service. All bedrooms are for single occupancy, and there is one lounge, one dining room and an enclosed external smoke room. Bathroom facilities are shared, but designated to male and female use. There is a small garden area for people to use in the warmer months, which is separated from the small car park to the rear of the property. Extra parking is available on the street, but this is time limited due to parking restrictions.

The registered provider was not required to have a registered manager in post, as the registered provider was a registered partnership. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection the registered partners were jointly managing the service. One of the partners had the National Vocational Qualification Level 4 in Advanced Management in Care and 29 years' experience working with people with mental health needs. The partners had employed a registered manager previously but this person had left their position in December 2015.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's needs and we saw the staff recorded on the rosters were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. The management of medication was safely carried out.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their performance appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. No one required any Mental Capacity Act 2005,

Deprivation of Liberty Safeguards referrals to restrict their lifestyles, as people were free to come and go and voluntarily agreed to any proposed behaviour modification plans. The Mental Health Act 1983 was the legislation most likely to be used at Lucy Lodge.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to people with mental health issues and their general environment was that of a family home.

We found that people received informative and friendly care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook any support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in some pastimes and activities if they wished to, as activities were offered when staff had time to do so. People made good use of their community facilities and often accessed these alone or in twos and threes: not everyone required the support of staff to access community services. Some people had good family connections and support networks.

There was an effective complaint procedure in place at Lucy Lodge and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain relationships by frequent visits, telephone calls and sharing of each other's news.

We saw that the service was well-led and people benefited from this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely on the premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care and support to people with mental health needs.

Is the service caring?

Good

The service was caring.

People received supportive and friendly care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in some pastimes and activities when possible and if they chose to.

People's complaints were investigated without bias. People were encouraged to maintain relationships with each other and family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led care service, where the culture and the management style of the service were positive and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality and met their needs. Records were well maintained and were held securely on the premises.

Lucy Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Lucy Lodge took place on 28 April 2016 and was unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from the local authorities that contracted services with Lucy Lodge and from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people that used the service, two staff and the registered provider. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Lucy Lodge. They said, "It is ok here, staff are alright" and "I am quite settled here and know I am safe." People were relaxed in staff and each other's company and while some of them accessed the local community where they may have encountered risk because of vulnerability, they knew they had a place of safety at Lucy Lodge.

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the local authority safeguarding team. We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and referrals that had been made to the local authority safeguarding team. The records corresponded with the information we held about the service given to us in formal notifications, which numbered three safeguarding referrals in the last two years. All of this ensured that people who used the service were protected from the risk of harm or abuse.

People's human rights were protected by staff that ensured people were able to exercise their rights at all times. Most people at Lucy Lodge had their finances managed by a corporate appointee set up by East Riding of Yorkshire Council. This meant people had a right to receive the benefits that had been allocated to them and we saw this was appropriately managed so that people could ask for their allowance any time and be given their money. However, there were some individual agreements in place for people to access their finances in small amounts each day, or twice a day, to ensure they had sufficient funds to purchase what they needed throughout the week. This had been working successfully for some years and helped people to manage any addictive tendencies they may have. The registered provider reported that people had been more settled recently due to this strategy, which they were in agreement with and that this had led to people taking their medication more regularly.

People had risk assessments in place to reduce their risk of harm from, for example, activities in the community, refusing medication, inadequate nutritional intake and other health related issues that might result in people's mental health deteriorating. We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, waste management and the chair lift in one part of the property. There were also contracts of maintenance in place for ensuring the premises and equipment were safe. The safety measures followed by the service and checks carried out meant that people were kept safe from the risks of harm or injury.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat people's injuries and prevent accidents re-

occurring.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they matched. There was one staff vacancy at the time of our inspection. People told us they thought there were enough staff to support them with their needs. One person that lived at Lucy Lodge said, "There is always a minimum of two staff on duty and more when the owners and a cleaner are here." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and spend time chatting to people and assisting them with pastimes or activities. Some people had arrangements for one-to-one care for certain support needs. We saw that there were sufficient staff on duty to meet people's needs.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Recruitment files contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Two staff that had worked for the registered provider before, but at another location, were in the process of being recruited again by the company to work at Lucy Lodge. We found that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded correctly and disposed of (returned to the pharmacy) appropriately. The staff carried out two checks per day on medication stocks and records to ensure these were being appropriately maintained. Medicines for one person to manage their diabetes were held in a medicines fridge, along with other creams and, for example, eye drops. These were safely stored and used.

A recent change in the medication administration procedure had been made and was also written on a wipe board in the office to remind staff of the change. There was a risk of some regimentation for people with the implementation of the change but we discussed this with the registered provider who explained that there had been a need to ensure medication was managed more safely by ensuring staff were not interrupted when administering it. Results had been positive with more people receiving their medication at the right time and more regularly throughout the day. We were told that one person self-administered their medication within a risk assessment / management framework and was monitored in this each week to ensure they were doing so safely.

There were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It enables clear and straightforward administration of measured doses given at specific times.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at Lucy Lodge understood them and had the knowledge to care for them. They said, "Staff know what is good for me and I trust their support" and "Staff are always there when I need them and usually have good advice."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. They had recently completed the basic food hygiene certificate to enable them to prepare and cook food safely. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. Courses included, for example, health and safety, diabetes, challenging behaviour, epilepsy, autism, equality and diversity, risk assessments and mental health awareness.

Staff confirmed the mandatory training courses and qualifications they had completed when we spoke with them saying, "I complete six to eight training courses a year, the most recently being infection control and the safeguarding threshold framework" and "Over the last year or two I've completed medication, safeguarding adults and challenging behaviour training. The next course I'm doing is food hygiene." Mandatory training is minimum training as required of staff by the registered provider to ensure their competence.

The registered provider had an induction programme in place for new staff and reviewed staff performance via one-to-one supervision and an appraisal scheme, all of which had been recorded in staff personnel files.

When we asked the registered provider about achieving 'best practice' they told us that it was achieved by staff completing training and keeping up to date with learning and knowledge. They also felt that good communication was a contributory factor. Communication within the service was good between the registered provider (managing the service), the staff and people that used the service. Methods used included daily diary notes, staff handover meetings, telephone conversations, staff meetings, notices and face-to-face discussions. We observed that people who used the service asked staff for information and exchanged details so that staff were aware of people's immediate needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We were told by the registered manager that no one was being deprived of their liberty.

We saw that people usually consented to care and support from staff by verbal agreement. Sometimes they agreed by just accompanying staff and accepting the support offered to them. There were some documents in people's files that had been signed by people to give permission for photographs to be taken, care plans

to be implemented or medication to be handled on their behalf, for example. All of the people that used the service had capacity and therefore were asked to sign documentation when they were well to show their agreement with it or to give consent for care.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and diets to meet health needs. No one had any particular swallowing difficulties but the registered provider told us that they would seek the advice of a Speech And Language Therapist (SALT) if needed. However, some people had specific diets to follow for weight reduction or medical reasons and these were monitored and catered for.

The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them, particularly at supper time. The main meal of the day was provided early evening. There were nutritional risk assessments in place where people required them, but no one required support to eat and drink as they were all independent in this. If people's mental health deteriorated they could be at risk of poor nutrition and so staff monitored people's health carefully to ensure their physical health did not deteriorate as well.

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "We get a choice of meals if we don't like what is planned", "We usually eat quite well" and "There is always enough food here, I never go hungry." People told us what their favourite meals were and what food and drink was offered to them. They made no adverse comments about food provision.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed regularly. People accessed the services of their GPs, psychiatrists and community psychiatric nurses as needed and the service had established good working relationships with these healthcare professionals.

We were told by staff that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. The registered provider told us that they had arranged with the local surgery for a 'pathway' to be set up for people to go directly to the surgery where they did not have to wait too long before they were seen, even without an appointment if necessary. People with an appointment did not have to sit and wait in the surgery but received a call from the surgery to say their appointment with the GP was next. This reduced people's anxieties about sitting and waiting and ensured they were seen by a GP early on in any period of poor mental health, thus producing a better success rate for recovery. One person had a habit of just turning up at the surgery and usually they were accommodated, again to relieve any anxiety. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was.

The premises at Lucy Lodge had recently been decorated as part of a programme of redecoration and refurbishment. This was still on-going when we inspected. Some equipment had been replaced in the kitchen and laundry, cleaning schedules were being followed and maintained, and an enclosed outdoor smoke area had been created for people to use. We were told by the registered provider that some bedrooms had been fitted with new en-suite facilities since the last time we inspected. We saw these were suitable for purpose.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "I have a couple of friends here that I get on well with. I sometimes go out with them to look round the town" and "The staff are helpful and I get on well with them."

We saw that staff had a professional manner when they approached people and that people and staff understood what they could expect from each other with regard to people's independence and the support they required. This was because staff knew what people's needs were. Some of the staff had been employed at Lucy Lodge for several years. The management team, now under the supervision of the registered provider, led by example and were polite, aware and informative in their approach to people that used the service. Management and staff gave the sense that they were equipped to offer appropriate information to people that required support and guidance but also understood that people had the right to make their own decisions about their care. All of this alleviated people's anxieties and enabled them to lead satisfactory lifestyles and maintain their optimum mental health.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own spiritual circles. One person liked to visit a religious establishment in Scarborough and two others accessed the local churches in Bridlington for their spiritual needs. We saw no evidence to suggest that anyone that used the service was discriminated against.

We saw that everyone had the same opportunities in the service to receive the support they required, staff spoke politely to people who were treated as individuals with individual needs that were to be met according to people's individual wishes. Care plans, for example, recorded people's individual routines and preferences for daily living, personal care and physical and mental health care. They recorded people's food preferences and how they wanted to be addressed; staff knew these details and responded to them accordingly.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or events would affect their mental and physical health. People were supported to engage in pastimes of their choosing, which meant they were able to 'keep control of' some aspects of their lifestyles. This helped people to feel their lives were fulfilling and aided their overall wellbeing. We found that people were experiencing a satisfactory level of well-being at the time we inspected and were quite positive about their lives.

We were told by the registered provider that no person living at Lucy Lodge was without support from relatives or friends to represent them, but that advocacy services were available to people if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided in the form of

advocacy leaflets and telephone numbers.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "I am left to use the bathroom and staff make sure no one enters" and "I think staff are respectful of my dignity." We saw that staff only provided care considered to be personal in people's bedrooms or bathrooms and knocked on bedrooms doors before entering. This was so that people's privacy and dignity were upheld.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about going out independently, having three good meals a day and being supported with appointments at the GP surgery. We saw that two people came to and left the service whenever they wished and we understood that several others also did this. Those that required more supervision due to their vulnerability tended to only go out with support. People's individual needs and all of these arrangements were recorded within people's care plans.

People's care files contained assessments of need, care plans, risk management and relapse management plans as well as capacity assessments, admission profiles and previous placement documentation. They contained all of the details and information that was required to enable the service to meet people's needs.

We looked at three care files for people that used the service and found that the care plans reflected their needs and supported the conditions they were diagnosed with. Care plans were person-centred and contained information under identified areas of need for individuals that showed staff how best to meet those needs. Care plans contained personal risk assessment forms to show how risk to people would be reduced, for example, with mobility, nutrition, mental health, fire safety, handling money, leaving the premises, behaviour and health consequences due to refusal of medication. They contained reports and mood charts to show people's mental health and behaviour as it changed and these reports were used to inform mental health care professionals in supporting people at Lucy Lodge. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed. Four people had recently had a full review of their care plans since December 2015.

There were activities held in-house with staff, whenever they had time to facilitate them. People told us they sometimes joined in with dominoes, bingo, and quizzes. Several people visited the local cafes in Bridlington and those that were eligible and wanted one had a free bus pass to travel to places like Scarborough or York. People said, "I can go to the cinema at the Spa which is free for us over 60s" and "I like to go to Hornsea on the bus with my bus pass. I walk to the car boot sales and sometimes to Sewerby Hall." People said they watched television at night or early afternoon and listened to music in their bedrooms if they wished to. We were told by staff that three people accessed a local library and were taken by volunteers each month to exchange their books. One person that used the service was also completely independent at arranging their own entertainment and activities / outings. They visited family regularly, accessed local facilities and services and spent time in their bedroom alone, which was as they wished.

One person did not like shopping, for example, so they were encouraged to shop for new clothing and shoes on-line. They enjoyed browsing and choosing items and receiving these goods in the post when they arrived and so still experienced some pleasure from shopping, but in a different way. The person also recently had their bedroom redecorated in colours of their choosing. Their community psychiatric nurse acknowledged during their last visit to the person that they had improved greatly in their demeanour since discovering this way of shopping and having a change of décor. The person had also taken more interest in maintaining independent living skills. Another person had booked to go on a two day excursion to a television studio to

visit the set of Emmerdale Farm and would be accompanied by a staff member.

There was no requirement for anyone in the service to use any assistive technology or equipment to aid daily living. People were mobile and physically independent. Only one person used a walking frame indoors and a wheelchair outdoors after recovering from an illness.

Staff told us that it was important to give people choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of main menu each evening and if they changed their mind the staff usually catered for them. People chose where they sat, who they made friends with, when they rose from bed or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected. Staff also acknowledged that with choice comes the right to exercise diversity and staff told us they encouraged people to live their chosen lifestyle.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who acted as key worker with people got to know family members and kept them informed about people's situations if people wanted them to. Staff also encouraged people to receive visitors and go to visit family and friends on occasions.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain but had not needed to for some time. Staff told us that people came to them if they had any issues and if these could not be resolved then information was passed to the registered provider. Staff felt the main issues were usually sorting out minor disagreements between people.

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. They were aware of complaint forms for people to fill out should they have a formal complaint. There were no records to look at with regard to complaints in the last year as there had been no complaints made in that time. Staff told us they would provide written details of explanations and solutions following the investigation of any formal complaints made to them and passed to the registered manager. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a pleasant, family orientated atmosphere. They said they related well to each other and often looked out for one another when they were not so well. Staff we spoke with said the culture of the service was, "Homely, friendly and relaxed" and "It is family like, calm and much better than it used to be."

The registered provider was not required to have a registered manager in post, as the registered provider was a registered partnership and both partners had been in day to day charge of the service since January 2016. One of the registered partners had 29 years' experience of working with people with mental health problems and had the National Vocational Qualification Level 4 in Advanced Management in Care. There had been a registered manager in post until December 2015, but they resigned from their position.

The registered providers were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made and to report this to CQC) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us under the Care Quality Commission (Registration) Regulations 2009 over the last year and so the service had fulfilled its responsibility in this regulation.

We found that the management style of the registered provider was open and approachable. They explained that the office door was always open and any minor concerns were dealt with quickly to prevent them escalating. Staff told us they could express concerns or ideas any time and that they felt these were considered and adopted if possible. Staff explained that the registered provider was supportive in work and in their personal lives if they wished it.

The service maintained links with the local community through churches, schools, colleges and by visiting local stores and cafes. Relatives played a role in helping people to keep in touch with the community by sometimes inviting people to stay with them and visit local facilities.

The service did not have any written visions and values but the 'statement of purpose' and 'service user guide' (documents explaining what the service offered) contained aims and objectives of the service and were up-to-date.

Lucy Lodge had been a registered service under the current registered provider since July 2012. There had been no changes to its registered status or conditions since that time.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Audits were completed on medication management, water temperatures, the environment, fire safety, health and safety, fridge freezer temperatures, and use of cleaning materials that could be hazardous to

health. There were general risk assessment documents in place for handling hazardous cleaning materials, in the event of gas leaks, electrical shock or fire issues, handling food safely and for avoiding slips, trips and falls by people or staff. There were other audits carried out on staff induction, supervision and appraisal, accidents, reviews of care, safeguarding alerts and health action plans.

Surveys had been issued to people in early 2016 and all 12 had been returned. Responses to questions were positive and gave the overall view that people were satisfied with the care and support they received. We saw that staff had assisted people to complete surveys in their key worker role, but discussion followed with the registered provider about offering people an opportunity to complete them independently first. Staff surveys had been issued in April 2016 along with surveys to healthcare professionals, but none had been returned yet.

We saw evidence that 'resident' meetings were held on occasion and the last meeting was held in January 2016, when all 12 people that used the service were consulted. They had discussed re-decoration of bedrooms, food preferences, new carpets and chairs and the dislike of group meetings. The registered provider had undertaken to ensure everyone would be consulted individually from then on. The last staff meeting held was in February 2016, when issues were discussed on key working, care plans, training, confidentiality, laundry procedures, support at night, safety of people at night, medication, night time rosters and weekend 'off duty'.

Analysis of audits and surveys was carried out and action plans were set up and followed, but the registered provider had yet to produce a written document to feed information back to people that contributed to opinions about the service.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. This ensured people's information was held confidentially. We saw that information was current, which meant people's needs were met and in line with the instructions that staff were given.